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| Case Number: | CM15-0111440 | | |
| Date Assigned: | 06/17/2015 | Date of Injury: | 09/18/2003 |
| Decision Date: | 07/30/2015 | UR Denial Date: | 05/21/2015 |
| Priority: | Standard | Application Received: | 06/09/2015 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54-year-old female, who sustained an industrial injury on September 28, 2003, incurring low back injuries. She was diagnosed with lumbar degenerative disc disease and bilateral lower extremity radiculopathy. Treatment included opioids, muscle relaxants, topical analgesic patches and work restrictions and modifications. She underwent a lumbar laminectomy. Currently, the injured worker complained of continued lower back pain, stiffness, restricted lumbar range of motion, paresthesia of the feet and lower extremity radicular pain. Her pain was rated at a level 2 on a scale of 1 to 10. She was diagnosed with lumbar post laminectomy syndrome, chronic lumbar discogenic pain and chronic pain related anxiety and depression. The treatment plan that was requested for authorization included prescriptions for Duragesic transdermal patch and Tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Duragesic 100mcg Transdermal patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic and Opioids Page(s): 45 and 88.

Decision rationale: This claimant was injured in 2003, incurring low back injuries. She was diagnosed with lumbar degenerative disc disease and bilateral lower extremity radiculopathy. Treatment included opioids, muscle relaxants, topical analgesic patches and work restrictions and modifications. She underwent a lumbar laminectomy. There is ongoing back pain from a post laminectomy syndrome. The objective functional benefit out of medicines is unknown. Per the MTUS, this medicine is not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In regards to the long term use of opiates, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage via this patch is not medically necessary per MTUS guideline review.

Tizanidine 2mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: This claimant was injured in 2003, incurring low back injuries. She was diagnosed with lumbar degenerative disc disease and bilateral lower extremity radiculopathy. Treatment included opioids, muscle relaxants, topical analgesic patches and work restrictions and modifications. She underwent a lumbar laminectomy. There is ongoing back pain from a post laminectomy syndrome. The objective functional benefit out of medicines is unknown. Regarding muscle relaxants like Zanaflex, the MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008). In this case, there is no evidence of it being used short term or acute exacerbation. There is no evidence of muscle spasm on examination. The records attest it is being used long term, which is not supported in MTUS. Further, it is not clear it is being used second line; there is no documentation of what first line medicines had been tried and failed. Further, the MTUS notes that in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The request was appropriately not medically necessary.